DATA QUALITY MANAGEMENT CONTROL PROGRAM (DQMC) UPDATE

Data Quality Training Course

(7 September 05)

Purpose

- **To provide an update on the status of the Data Quality Management Control (DQMC) Program in the MHS for FY05**
- **And the current month's (June 05 Reporting Period/April 05 Data Month) Data Quality Management Control (DQMC) Program in the MHS for FY05 submitted by the Services**

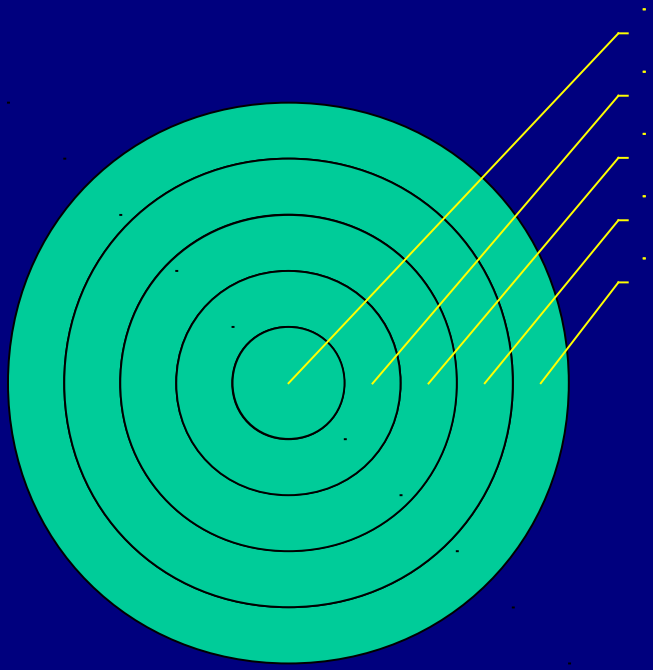
Implementation 1 Dec 00 (FY01)

Provisions in the new Medicare law signed by President Bush this week provide financial incentives to physicians and hospitals that participate in the monitoring and improvement of health care protocols, the Associated Press reports. According to the National Committee for Quality Assurance, "too few" health care organizations currently allow themselves to be monitored, and many potentially jeopardize patient safety by not following best practices. To promote quality reporting, the new Medicare law requires the Institute of Medicine to create uniform quality standards for health care providers as well as an incentive plan that will give physicians higher Medicare payments if they meet or exceed certain performance standards.

The new law also grants a 0.4% increase in Medicare reimbursements to hospitals that submit quality data to CMS. In addition, the law requires that the Medicare regional PPO—which will become effective in 2006—report data in order to continue participating in Medicare. According to one NCQA official, the law's quality reporting provisions will allow people to be better informed when selecting medical coverage, and it will allow government officials to better assess the

Overview

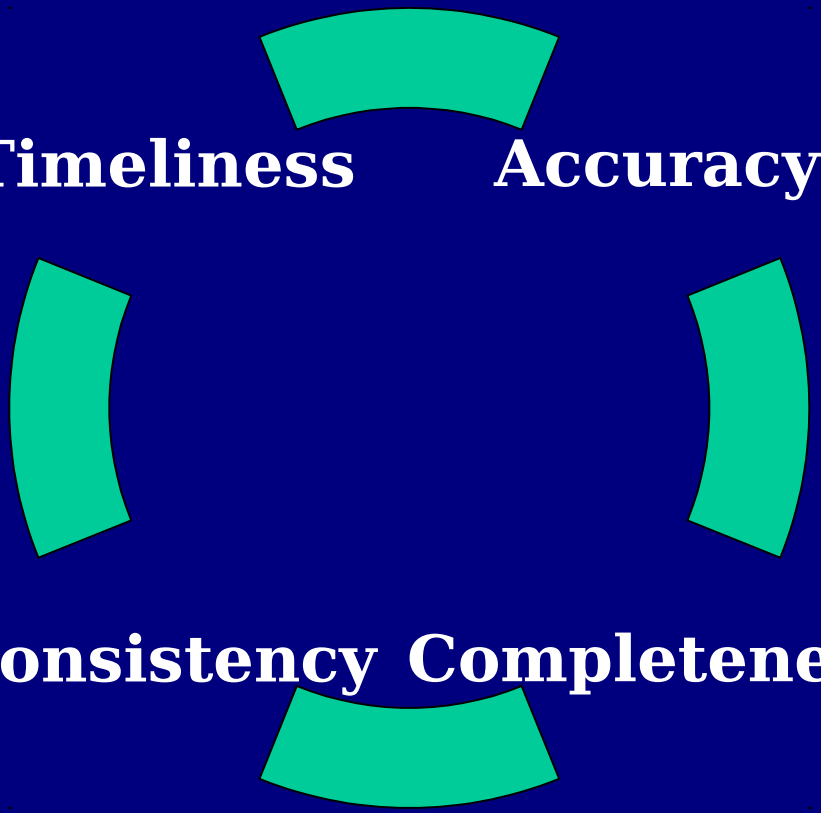
- **This afternoon….**



Data Quality
Why Data Quality Is Important
Causes of Poor Data Quality
Ongoing Efforts to Improve Data
Data Quality Management Contr

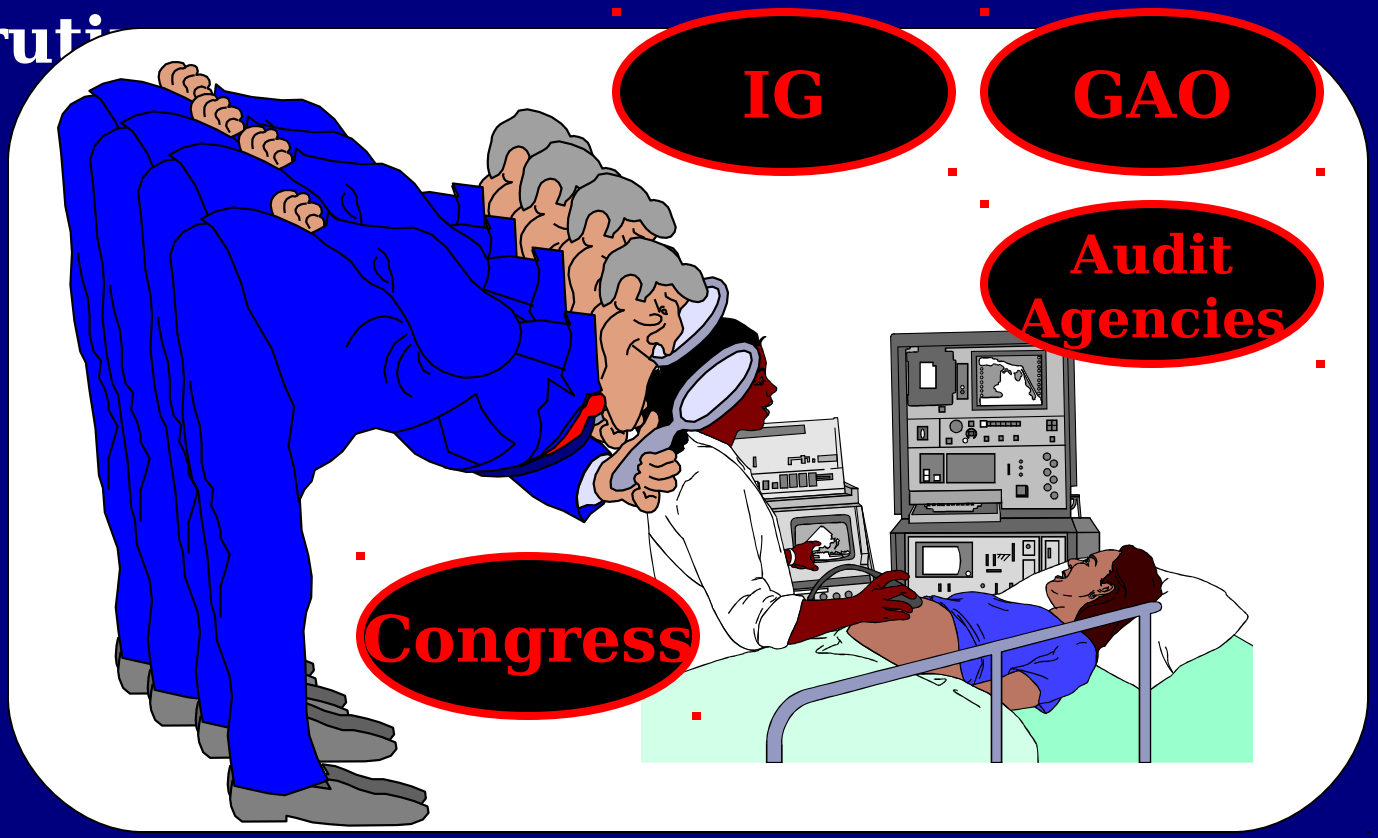
Data Quality

- **Attributes…**



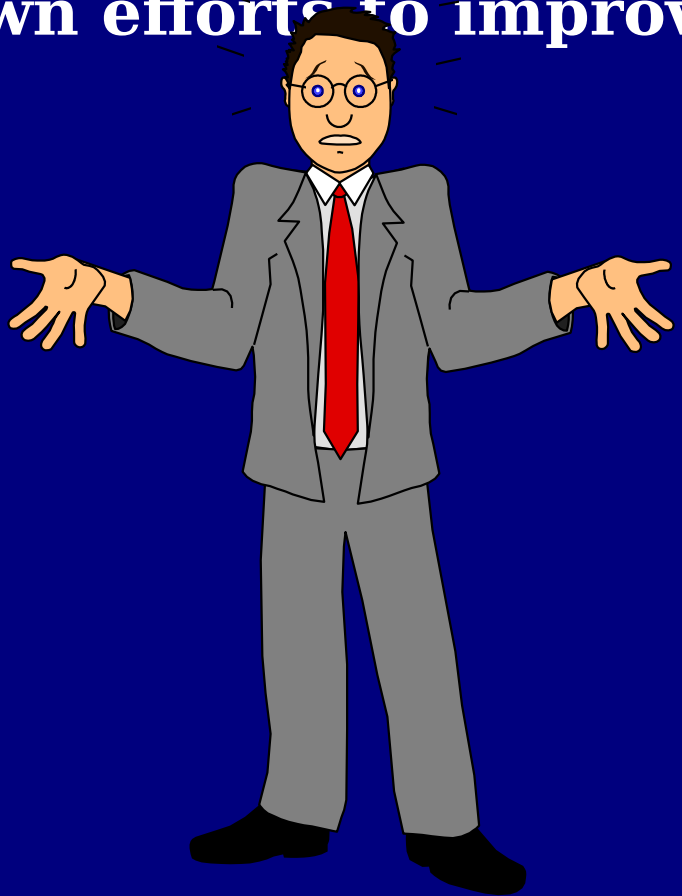
Why Worry about Data Quality?

One reason is external scrut



Why Worry about Data Quality?

More importantly, poor data quality hurts our own efforts to improve…



Problems with Information Technology

- Typically, Data Quality is formulated as an IT problem..
  - Some of our problems with data quality can be attributed to problems with Information Technology (IT).
  - Examples:
    - Errors in transmission of data.
    - Errors in processing data.
    - Unsynchronized databases.
- But…
  - The most difficult problems we face with data quality are not directly attributable to IT, nor readily fixed by IT solutions.

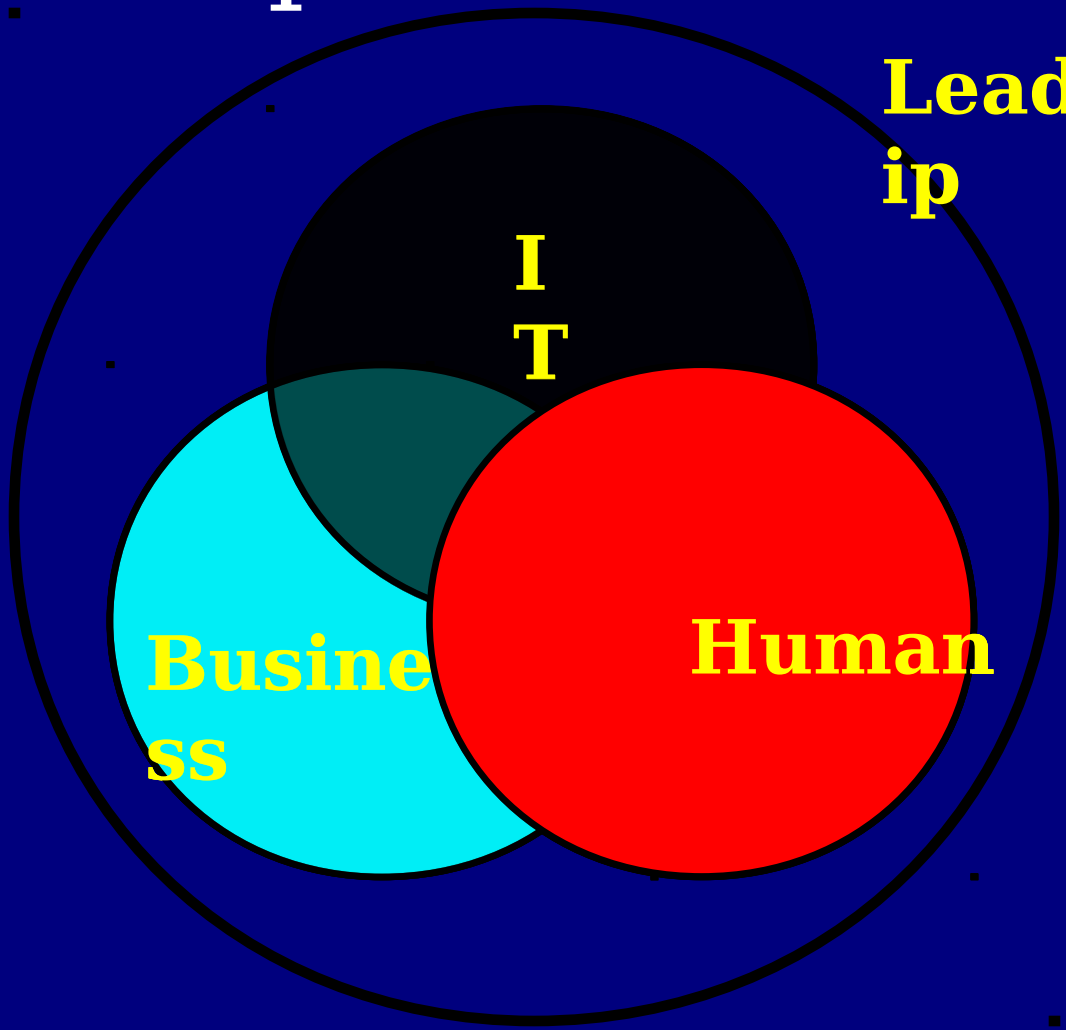
Non-Technological Problems

- **Just a few examples of non-IT problems causing problems with data quality…**
  - **Lack of standardized business rules and policies.**
  - **Inconsistent choices of codes, weights, and algorithms.**
  - **Lack of adequate training and education.**
  - **Lack of adequate local data quality assurance.**
  - **Failure to set and enforce tough performance expectations about data quality.**

Why is this Important?

- **Consequences of an incorrect diagnosis or an overly simplistic formulation of the problem…**
  - **Treat only part of the problem.**
  - **Don’t treat serious problems that need fixing.**
  - **Responsibility, accountability, resources in the wrong places.**

Complex Paradigm for a Complex Problem



So, What Can We Do About Data Quality?

- Emphasize Senior Level Leadership.
- Solve the business problems.
- Coordinate IT solutions that follow the business.
- Training and Education.
  - MHS employees must understand the business.
  - Employees using automation, must understand their responsibilities.
- Provide Timely Feedback.
- Provide Support.
- **Internal and External Management Control.**
- Fix IT Problems.

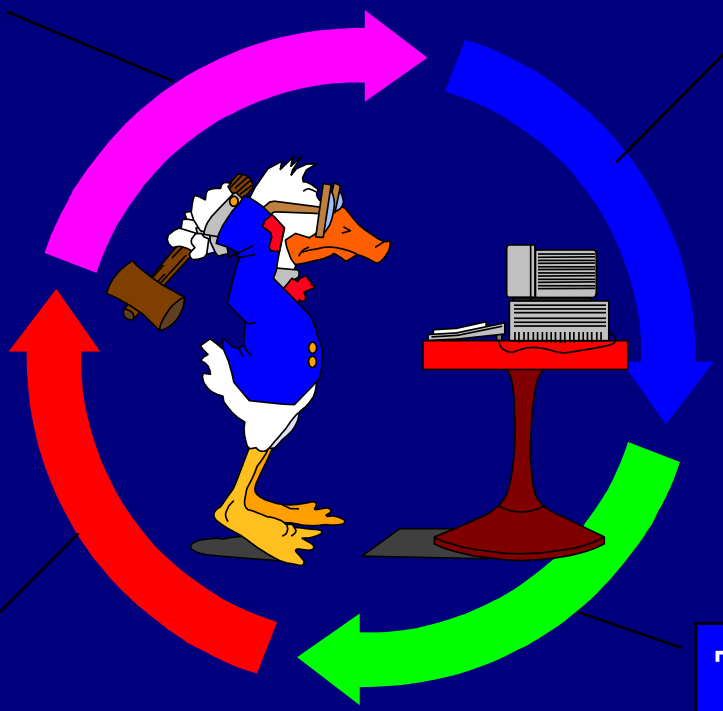
Establish Leadership Emphasis

- **Extremely important in establishing good data quality…**
  - **Data quality must matter to commanders at all levels.**
    - **Establish and enforce performance expectations.**
    - **Must emphasize Data as Fundamental Business Bookkeeping.**

Locked in a Vicious Circle

No Investment in Quality

Poor Quality Data Sent



The Data are Not Valued

The Data are No Good

Business/IM Relationship

- We need to know our business before we can automate our business…
  - Program Management Office
    - Enrollment & Patient Appointing.
    - Managerial Accounting.
    - Uniform Business Office and Third Party Collections.
  - Information Management
    - Defines Integrated Set of Requirements.
  - Standardization.
    - Business Rules and Practices.
    - Design and Use of Systems and Data.

Training and Education

- Our people have to understand both the business and the technology…
  - Data Quality Training Course.
    - Aimed at data quality managers and others.
  - Education: Quality data requires more than training data-entry personnel
    - MEPRS Application & Data Improvement (MADI)
    - Working Information Systems to Determine Optimal Management (WISDOM)
    - Physicians and Coding.

Solutions-Feedback

- **To effectively fix data problems, Commanders and users need reasonable feedback…**
  - **Metrics: Fast feedback to Commanders about the quality of their data.**
  - **Rapid availability of data for use.**

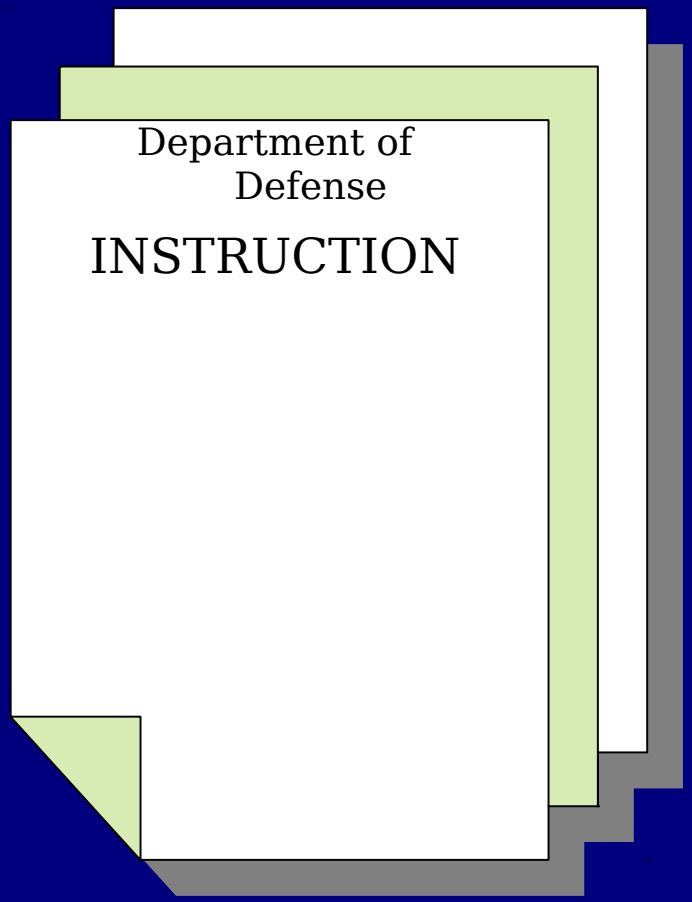
Information Technology

- Complete redesign of Corpor
  Information Systems.
  - Synchronization of databases.
  - Consistent engineering of data
    paths from source to central re
  - Quality control built into data f
- Redesign of user interfaces.
- Elimination of Human Interfaces between Systems.

Regulatory Guidance

DODI 6040.40

Military Health System Data Quality Management Control Procedures



MHS DQ Management Control Program

Background

- **DoDIG identified material management control weakness for MHS - Directed development of data quality assurance and management control program.**
- **DoD Inspector General report concerning the FY98 retirement liability estimate.**
- **GAO Medicare subvention demonstration report.**
- **ASD(HA) concurred with DoDIG material management control weakness findings.**
- **ASD(HA) designated TMA Resource Management Steering Committee to oversee the development of an MHS DQ Management Control Program.**

MHS DQ Management Control Program

Background (Con't)

- **TMA Executive Director directed formation of a DQ integrated process team (IPT).**
- **Development of DQMC involved multiple working groups to include major system representatives.**
- **DoD comptroller, DoDIG, and GAO provided oversight in its development.**
- **Program has been staffed through the Services with substantial input from the field (Region 11**

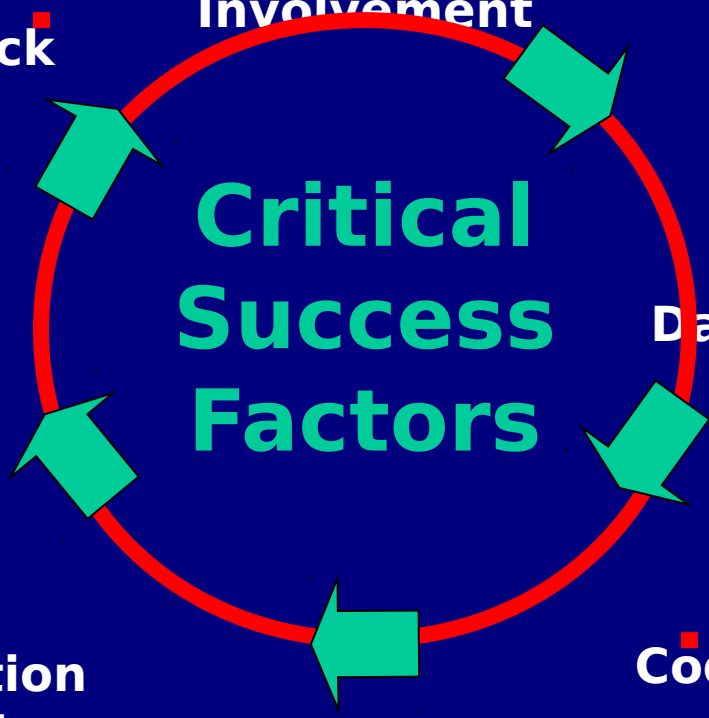
MHS DQ Management Control Program

Components of Program

- **Data Quality Manager and Data Quality Assurance Team.**
- **DQMC Review List - Internal tool to assists MTFs monthly in identifying and correcting financial and clinical workload data problems. This list is prepared by the Data Quality Manager and Data Quality Assurance Team.**
- **Commander's Monthly Data Quality Statement - Specific**

MHS DQ Management Control Program

Components of Program

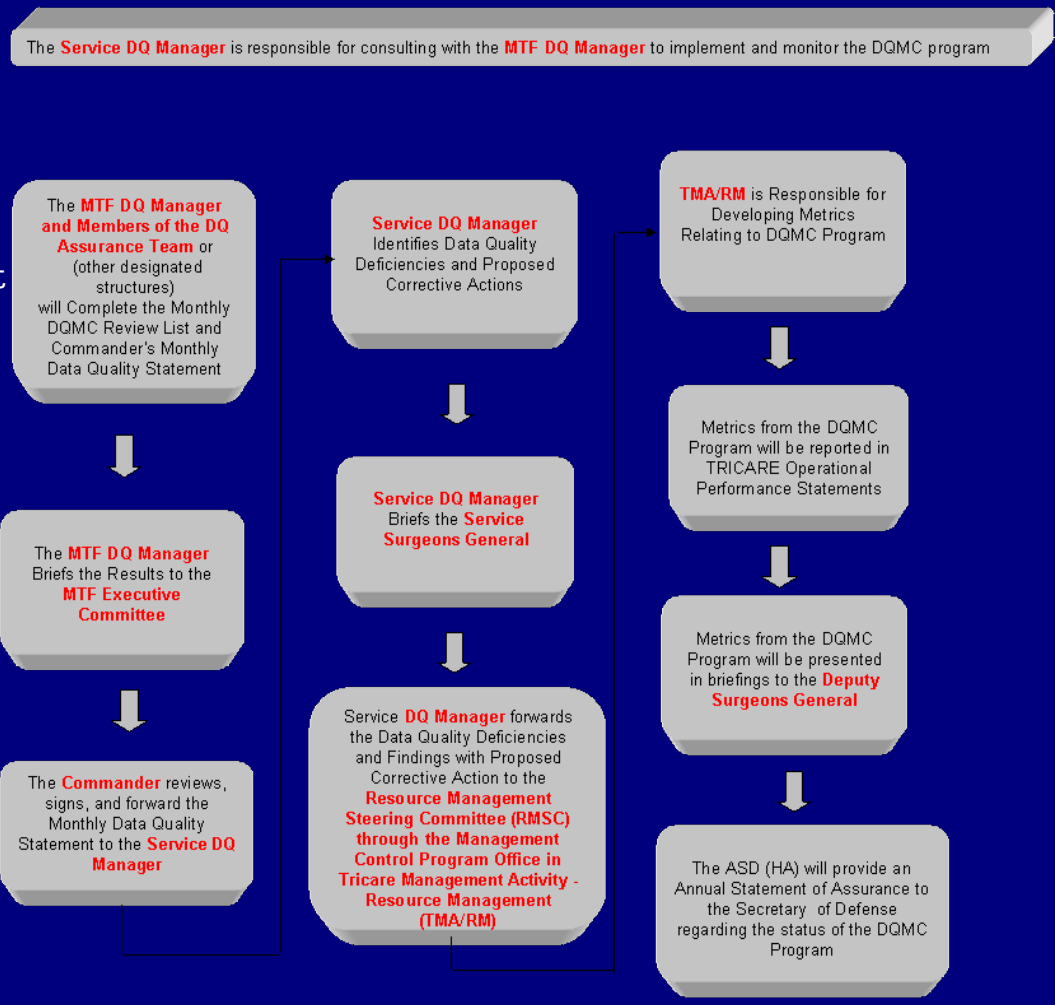


- Active Leadership Involvement
- Data Quality Managers
- File/Table Build Data Base Management
- Timely Coding/End-Of-Day Processing
- Data Reconciliation and Audits
- Use of Data/Metrics by the MTFs
- Rapid Feedback

MHS DQ Management Control Program

What Does TMA Do?

- **Commander's Statements are received from Services on the 10th of the month for the preceding month.**
- **A summary "Barber Pole" along with supporting charts are constructed for briefs to both the Resource Management Steering Committee on a monthly basis and TMA Senior Leadership and Service DSGs Quarterly.**
- **These charts along with an updated "Hard Spots List" are distributed to the Service DQMC POCs for their monthly meeting at TMA-RM.**
- **Service and TMA-Wide issues are discussed and documented at these meetings.**
- **Mr. David Fisher, Director of Management Controls & Financial Studies, Office of the CFO, TMA POC.**


The Service DQ Manager is responsible for consulting with the MTF DQ Manager to implement and monitor the DQMC program
The MTF DQ Manager and Members of the DQ Assurance Team or (other designated structures) will Complete the Monthly DQMC Review List and Commander's Monthly Data Quality Statement
The MTF DQ Manager Briefs the Results to the MTF Executive Committee
The Commander reviews, signs, and forward the Monthly Data Quality Statement to the Service DQ Manager
Service DQ Manager Identifies Data Quality Deficiencies and Proposed Corrective Actions
Service DQ Manager Briefs the Service Surgeons General
Service DQ Manager forwards the Data Quality Deficiencies and Findings with Proposed Corrective Action to the Resource Management Steering Committee (RMSC) through the Management Control Program Office in Tricare Management Activity - Resource Management (TMA/RM)
TMA/RM is Responsible for Developing Metrics Relating to DQMC Program
Metrics from the DQMC Program will be reported in TRICARE Operational Performance Statements
Metrics from the DQMC Program will be presented in briefings to the Deputy Surgeons General
The ASD (HA) will provide an Annual Statement of Assurance to the Secretary of Defense regarding the status of the DQMC Program

MHS DQ Management Control Program

Service Results

- **The following General Comments, "Barber Pole", and Charts outline the summarized results of the Data Quality Commander's Statements submitted by each Service for June 05 (Data Month April FY05).**
- **Metric Standards (colors) are as follows:**
  - **Green - 95-100**
  - **Yellow - 80-94**

MHS DQ Management Control Program :

How are we doing this year?

See attached Excel Worksheets-Below

TRICARE Management Activity

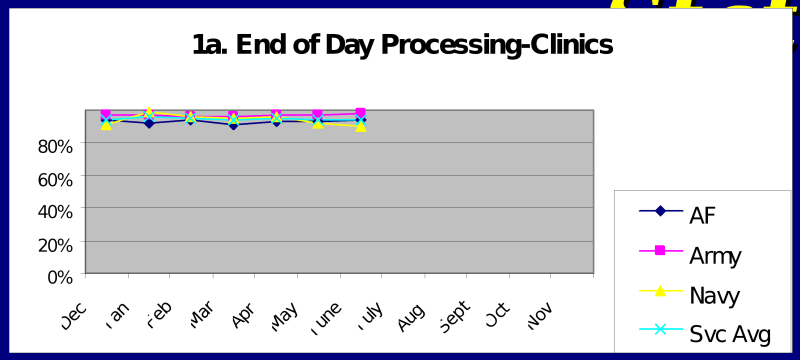
March (January (FY04) Data Sources) 2004 DQMC Commander's Statement TMA Summary Sheet (19 April, 2004)

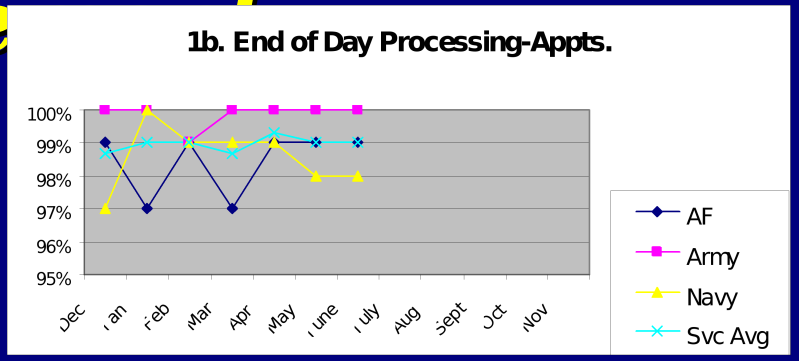
NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter actual rate.
Color Code: Green (95-100), Yellow (80-94), Red (79 and below)

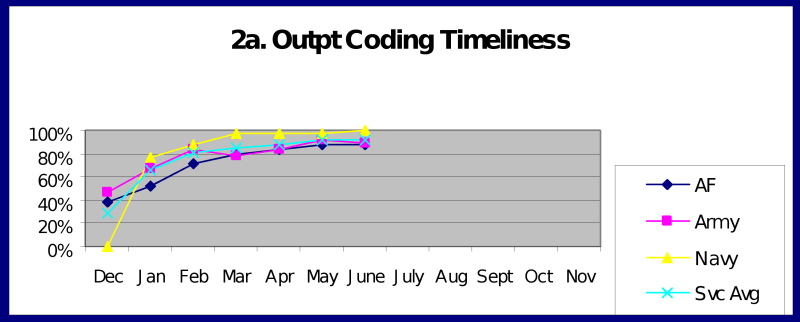
	Percent Compliant				Percent Compliant				Percent Compliant				Percent Compliant			
	Dec-03 Army	Dec-03 Air Force	Dec-03 Navy	Dec-03 Svc Avg	Jan-04 Army	Jan-04 Air Force	Jan-04 Navy	Jan-04 Svc Avg	Feb-04 Army	Feb-04 Air Force	Feb-04 Navy	Feb-04 Svc Avg	Mar-04 Army	Mar-04 Air Force	Mar-04 Navy	Mar-04 Svc Avg
QUESTION KEY:																
1. Adherence to requirements for *daily* end-of-day processing procedure by all clinics																
a. Percentage of clinics in compliance	97%	95%	94%	95%	98%	94%	93%	95%	98%	93%	82%	91%	97%	95%	92%	95%
b. Percentage of appointments closed	99%	99%	97%	98%	100%	99%	99%	99%	100%	99%	97%	99%	99%	98%	99%	99%
2. IAW legal and medical coding practices have all the following occurred:																
a. % of Outpt. Encounters (non-APV) coded within 3 business days of encounter	83%	86%	74%	81%	81%	89%	76%	82%	76%	89%	74%	80%	80%	93%	76%	83%
b. % of APVs coded within 15 days of encounter	79%	75%	83%	79%	76%	77%	84%	79%	77%	87%	81%	82%	77%	80%	78%	78%
c. % of Inpt records coded within 30 days after discharge	81%	90%	91%	87%	83%	74%	94%	84%	86%	88%	91%	88%	92%	95%	95%	94%
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"																
a. Monthly EAS/MEPRS financial reconciliation process was completed and validated	94%	71%	65%	77%	94%	71%	73%	79%	97%	79%	80%	85%	97%	90%	77%	88%
b. Monthly Inpt. and Outpt. EAS/MEPRS reconciliation processes cpleted/vldated	97%	82%	81%	87%	94%	80%	86%	87%	97%	78%	97%	91%	97%	97%	97%	97%
c. Were the data load status, outlier/variance, WWR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly explanations given	100%	81%	84%	88%	97%	88%	87%	91%	100%	84%	93%	92%	100%	95%	93%	96%
4. Compliance with TMA or Service guidance for timely submission of data																
a. MEPRS/EAS	86%	48%	74%	69%	92%	54%	80%	75%	97%	69%	90%	85%	89%	91%	90%	90%
b. SIDR/CHCS	100%	94%	96%	97%	96%	96%	96%	96%	100%	100%	100%	100%	86%	95%	100%	94%
c. WWR/CHCS	100%	96%	97%	98%	100%	97%	97%	98%	100%	100%	100%	100%	100%	100%	100%	100%
d. SADR/ADM	94%	90%	100%	95%	97%	91%	100%	96%	94%	100%	100%	98%	89%	94%	100%	94%
5. Outcome of monthly inpatient coding audit (DRG codes)	98%	93%	97%	96%	98%	90%	98%	95%	95%	92%	96%	94%	96%	95%	96%	96%
6. Outcome of monthly coding audits (# validated/# reviewed)																
a. % of records available for audit (O.H.or C.O.)	98%	86%	92%	92%	99%	91%	92%	94%	99%	90%	90%	93%	99%	88%	93%	93%
b. % of E&M codes deemed correct	82%	71%	78%	77%	86%	71%	82%	80%	82%	70%	79%	77%	84%	70%	78%	77%
c. % of ICD9 codes deemed correct	83%	67%	80%	77%	81%	73%	77%	77%	84%	69%	79%	77%	80%	67%	79%	75%
d. % of CPT codes deemed correct	91%	71%	82%	81%	91%	73%	85%	83%	89%	69%	83%	80%	92%	69%	83%	81%
e. % of completed & current DD Form 2569s maintained in the record (Non-AD)	46%	53%	32%	44%	44%	60%	32%	45%	48%	60%	45%	51%	52%	58%	48%	53%
7. Comparison of reported workload data																
a. # SADR/# WWR visits	98%	98%	95%	97%	100%	100%	93%	98%	99%	96%	95%	97%	100%	96%	98%	98%
b. # SIDR/# WWR dispositions	100%	92%	99%	97%	100%	95%	99%	98%	100%	95%	100%	98%	100%	94%	99%	98%
c. # EAS/# WWR visits	95%	91%	100%	95%	96%	90%	100%	95%	93%	93%	100%	95%	95%	100%	100%	98%
d. # EAS/# WWR dispositions	96%	85%	97%	93%	96%	88%	100%	95%	91%	87%	100%	93%	96%	99%	100%	98%
8. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

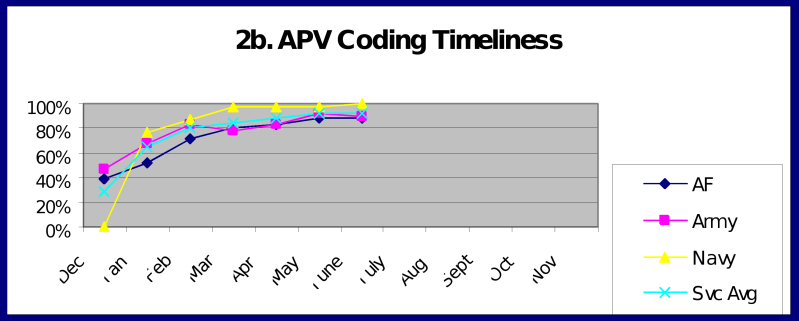
MHS DQ Management Control Program :

FY05 Trends on Commander's Stat



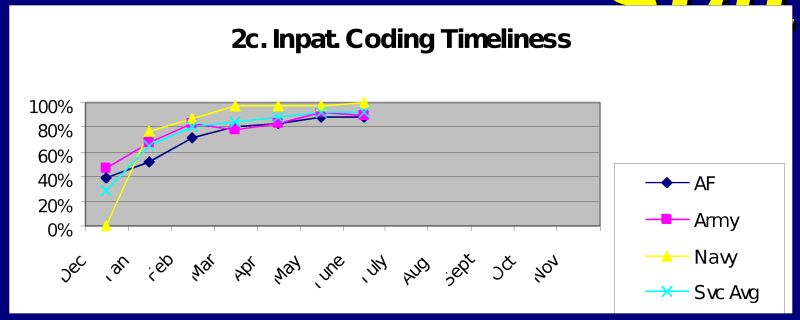


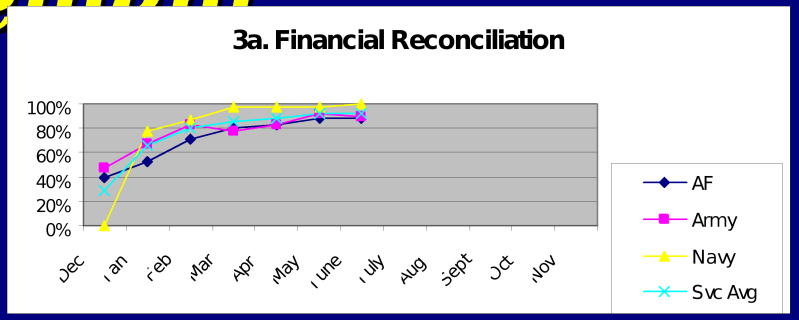


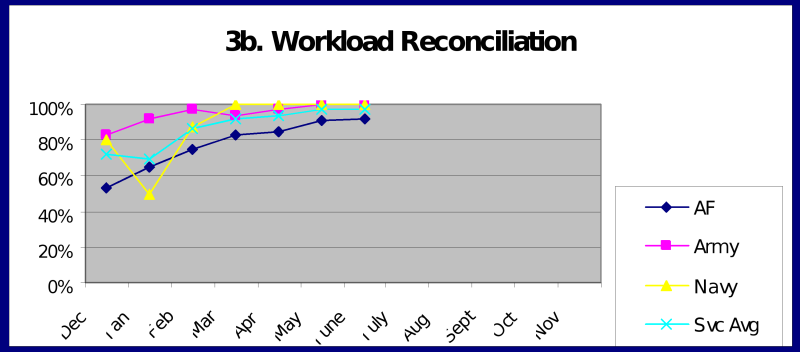


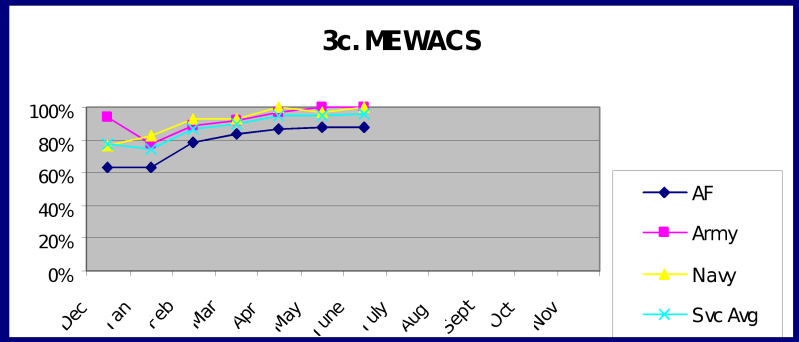
MHS DQ Management Control Program :

FY05 Trends on Commander's Statement









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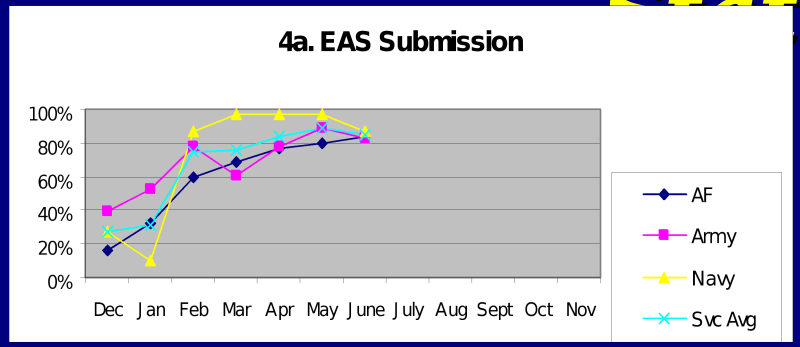

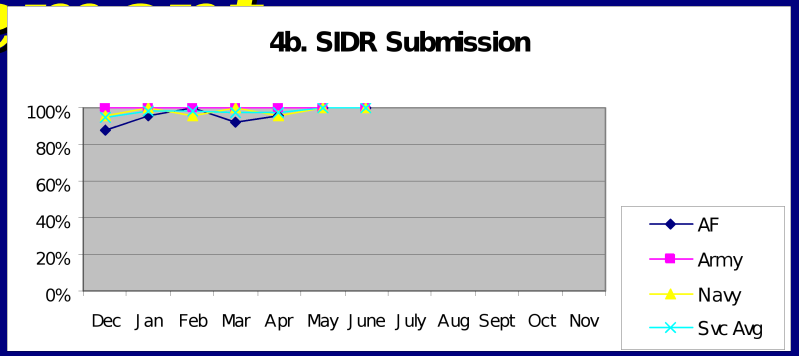

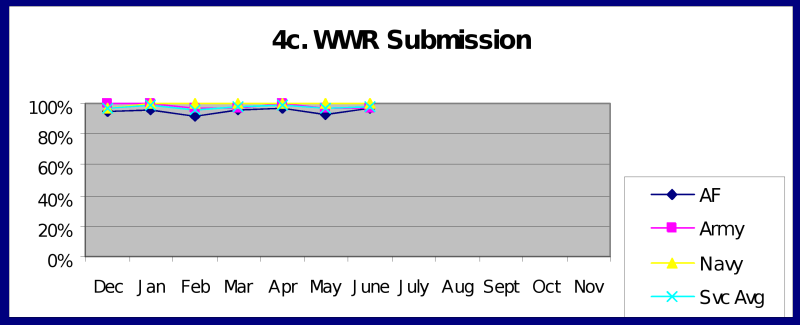

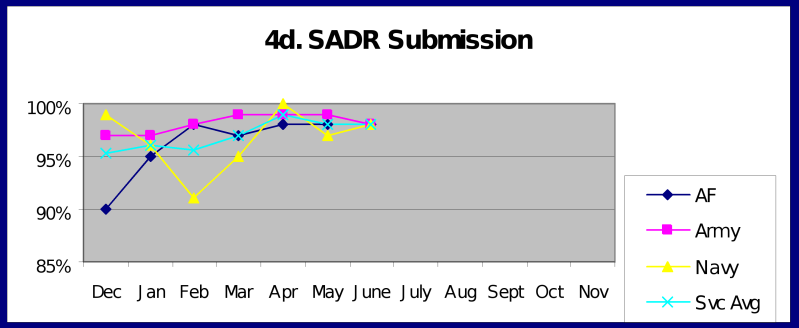

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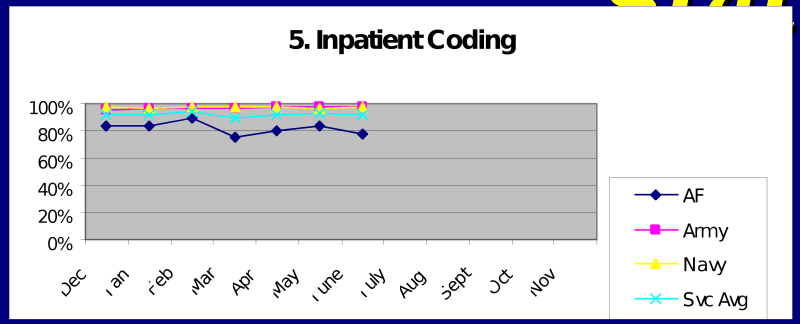

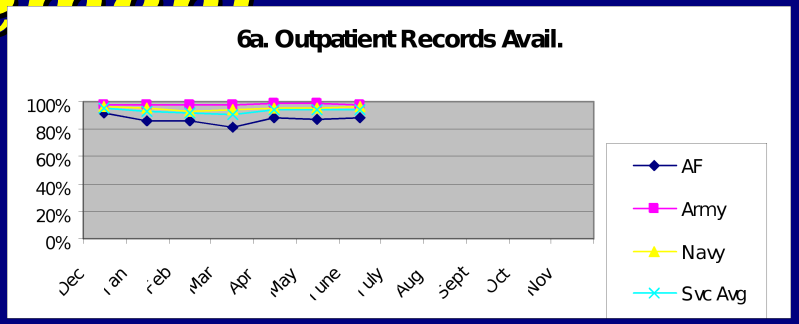

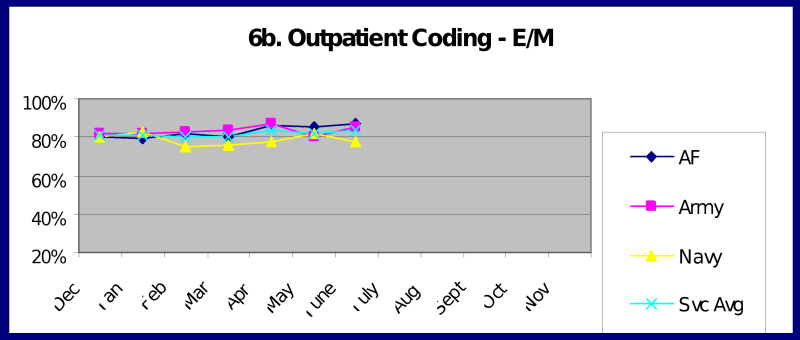

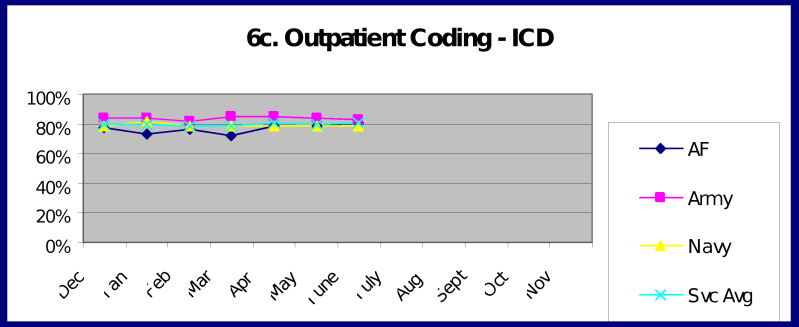

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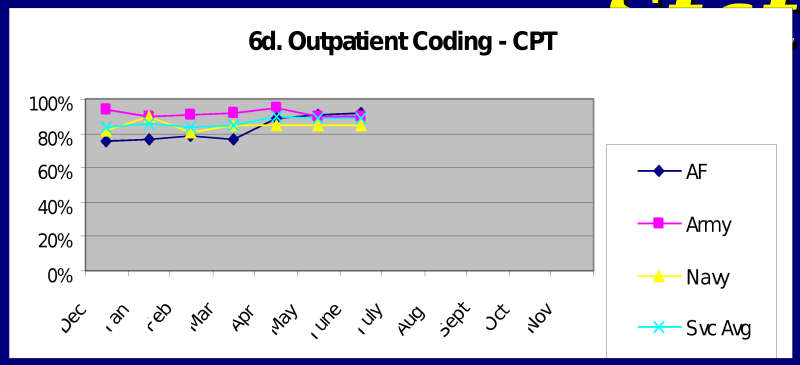
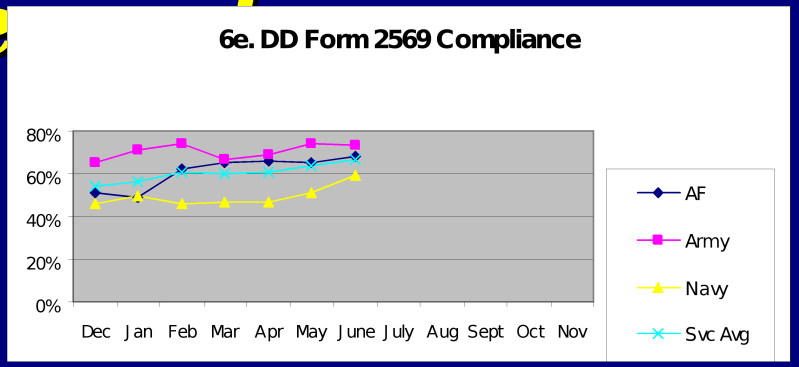
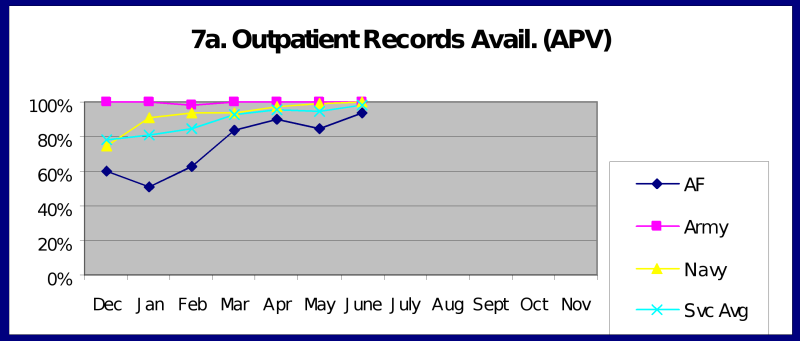
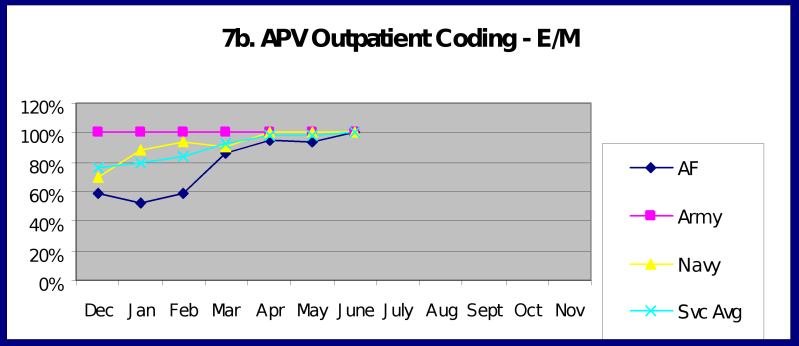


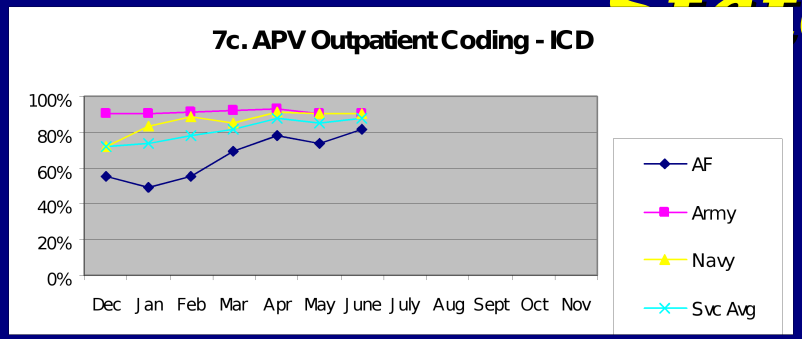


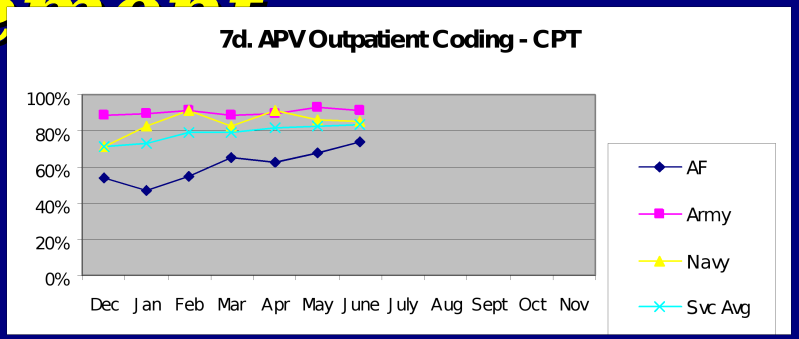


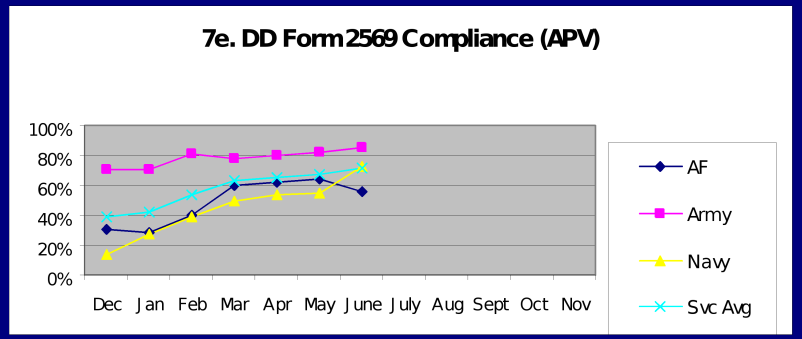


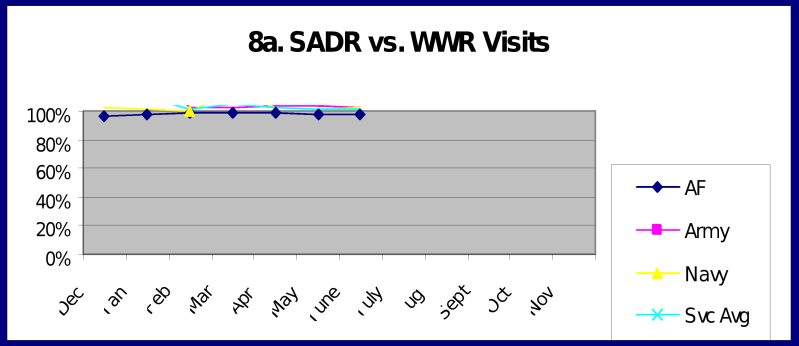
MHS DQ Management Control Program :

FY05 Trends on Commander's Statement



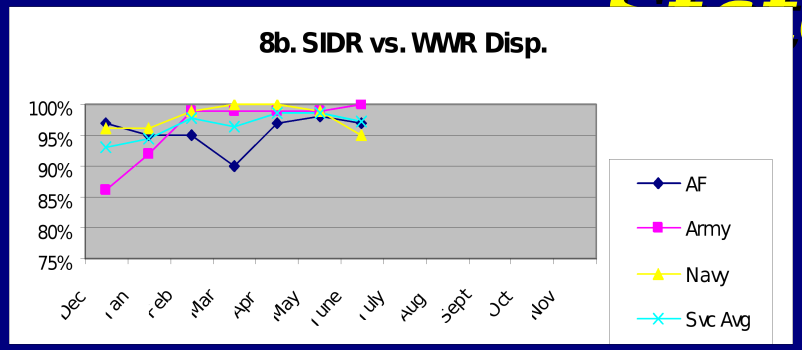


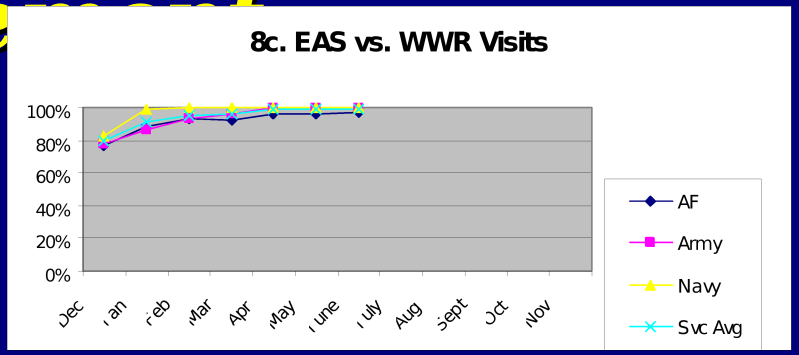


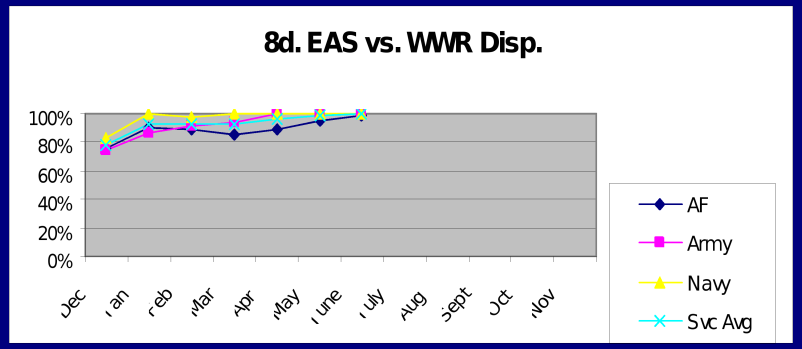


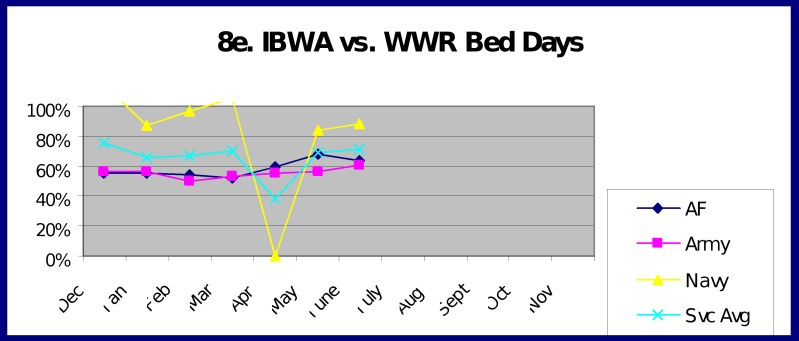
MHS DQ Management Control Program :

FY05 Trends on Commander's Statement



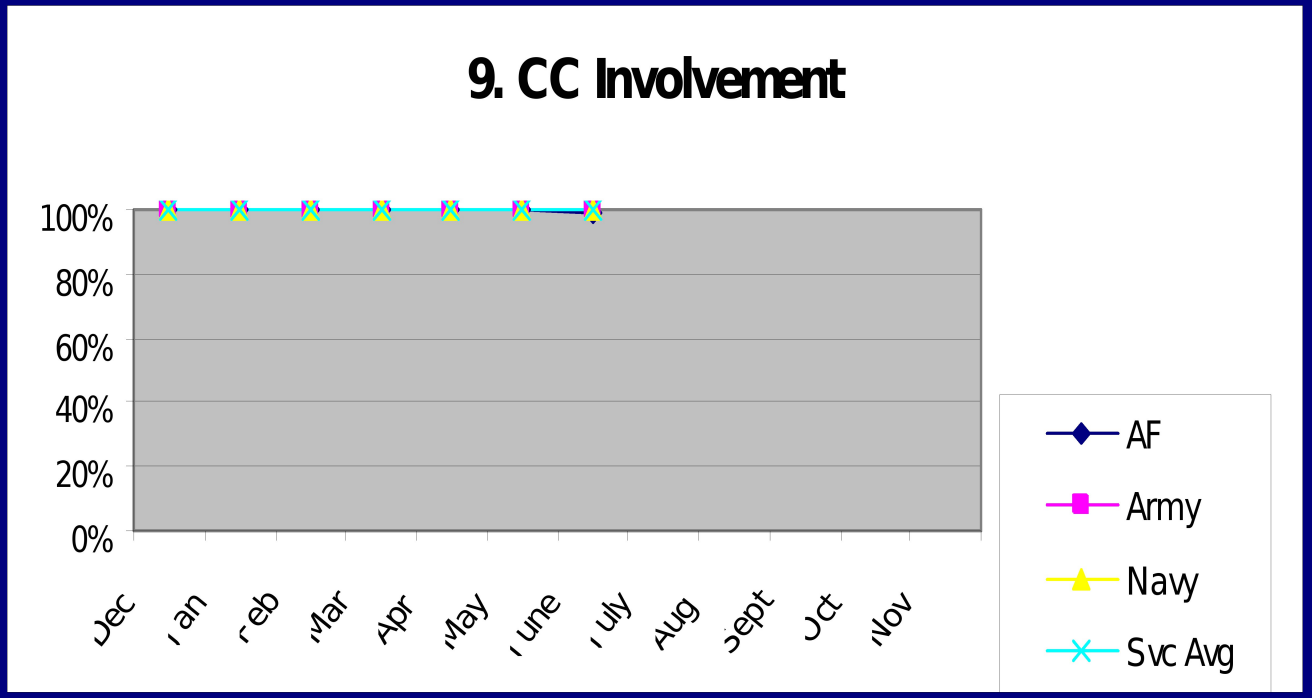






MHS DQ Management Control Program :

FY05 Trends on Commander's Statement



MHS DQ Management Control Program

DoDIG Results (Apr 01-Oct 01)

Report Signed 29 Aug 02

MHS DQ Management Control Program

DoDIG General Comments (01)

- **Overall indifference toward the program.**
- **Lack of communication and timely feedback to identify shortfalls in performance.**
- **Inadequate preparation and training of the DQ Team for completion of the Control Review List.**
- **Lack of monitoring to ensure proper**

MHS DQ Management Control Program

DoDIG MTF Specific Comments

- Responses to the Commander's Statements and
  Control Review Lists are unreliable. Need audit/-
  validation of responses in the Commander's
  Statement/Review List.
- Lack of audit trail - no supporting documentation.
- Lack of accountability.
- Lack of training.

MHS DQ Management Control Program

Concerns

- **Prevents DHP and OSD from receiving a "Clean Audit Opinion."**
- **Puts future DHP funding in jeopardy.**
- **Puts Prospective Payment in jeopardy.**
- **Third Party Collections (TPC) placed in jeopardy.**
- **Jeopardizes remaining Managed Care Support contract BPAs/REAs.**

MHS DQ Management Control Program

Management Plan (Jul 01)

- **DoDIG (Service Directs) - Memo signed 17 Oct 01**
- **Clarify DQMC Review List Questions. - Service initiative began work on 13 Jul 01 - Completed**
- **Training**
  - **Web-Based Solution - Enhance current DQ/DQMC Web-Site i.e. FAQs etc. - Completed**
  - **Current Quarterly Data Quality Training Class - Completed**
- **Compliance Monitoring (Service IG, IC,**

MHS DQ Management Control Program

Management Plan (Con't)

- Leverage Service Data Analysis Capability (Army PASBA etc.) - <u>Working/Discussed at DQMC Meeting</u>
- "Low Hanging" Enhancements (e.g. CHCS Workload Accounting Enhancements, Automated Reporting) - <u>Funded</u>
- Investigate Coding Improvement initiatives - <u>Working</u>
- Continue EAS-IV Implementation Oversight - <u>Working</u>
- "Spread the Word" - Brief DQMC Program at

MHS DQ Management Control Program

External Audit Results

MHS DQ Management Control Program

Findings CY03

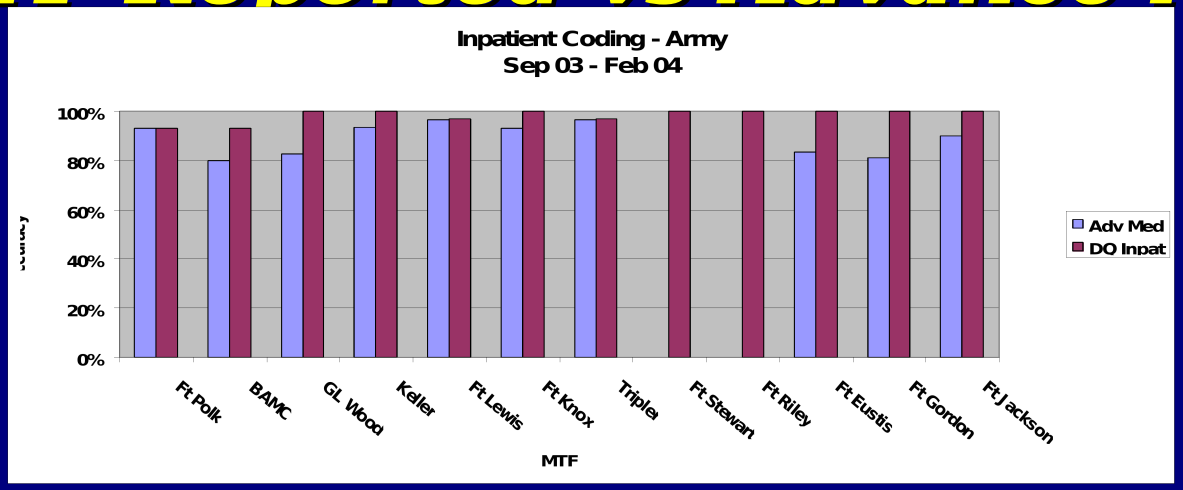
Iowa Foundation – 50 sites, 11,254 cases

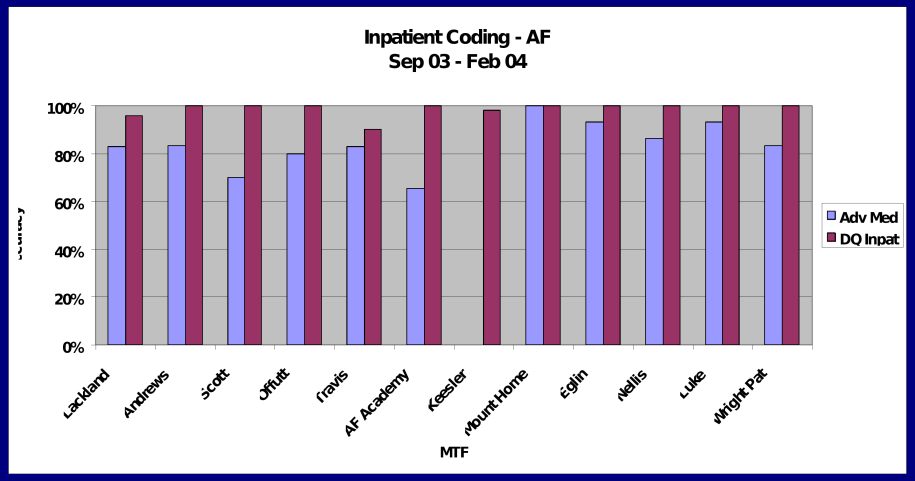
- **Unavailability of records (47%).**
- **Specific encounter not found in 9% of the records.**
- **Coded incorrectly, 27%; 70% over coded, 30% under coded.**
- **Coded correctly, 17%.**

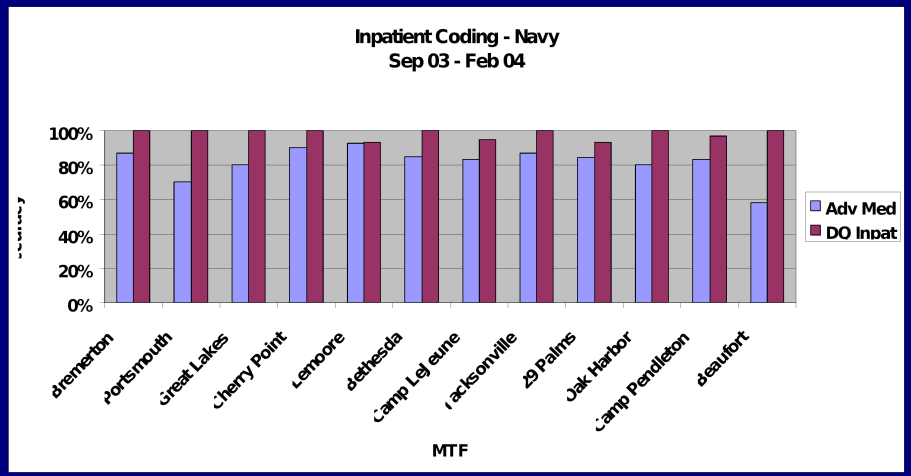
Advancemed – Similar results

MHS DQ Management Control Program :

MTF Reported vs Advance Med







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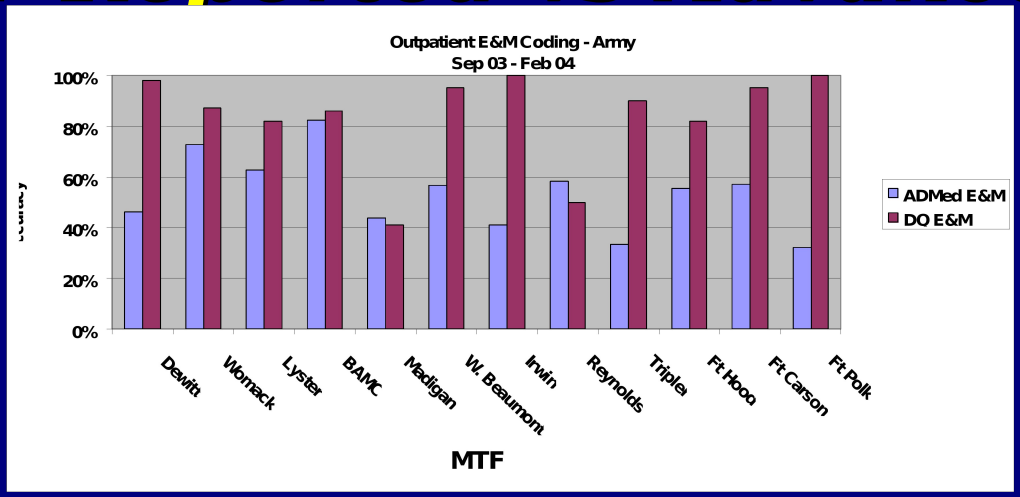
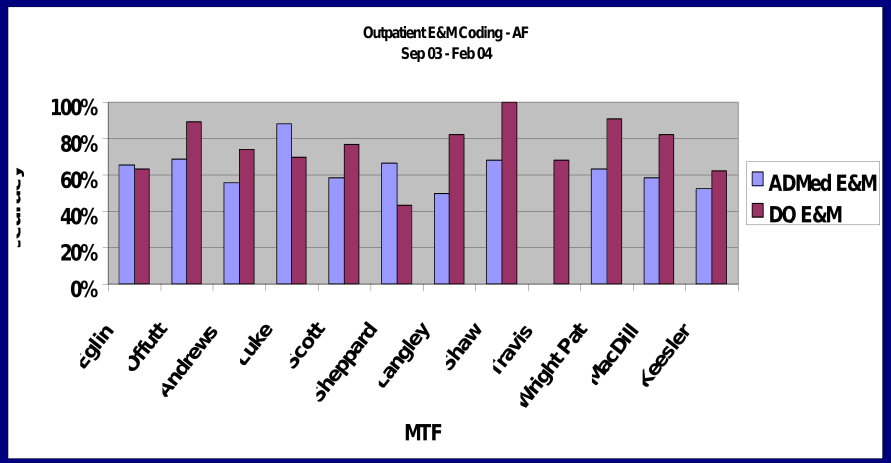
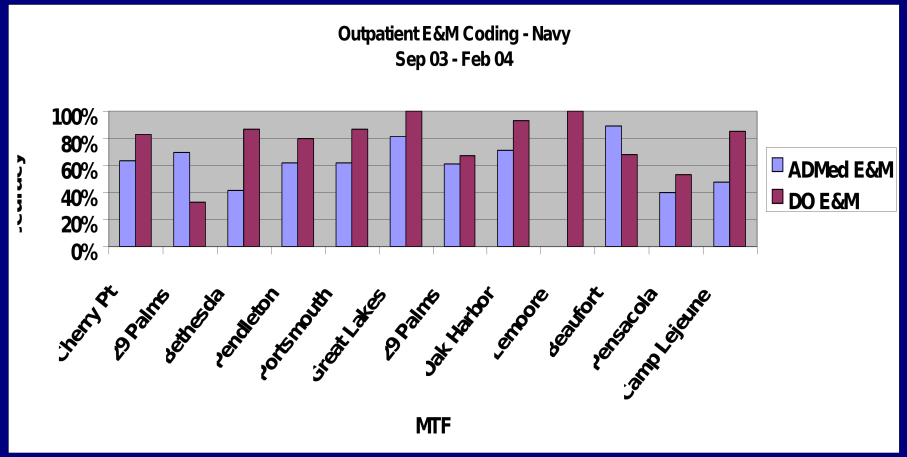
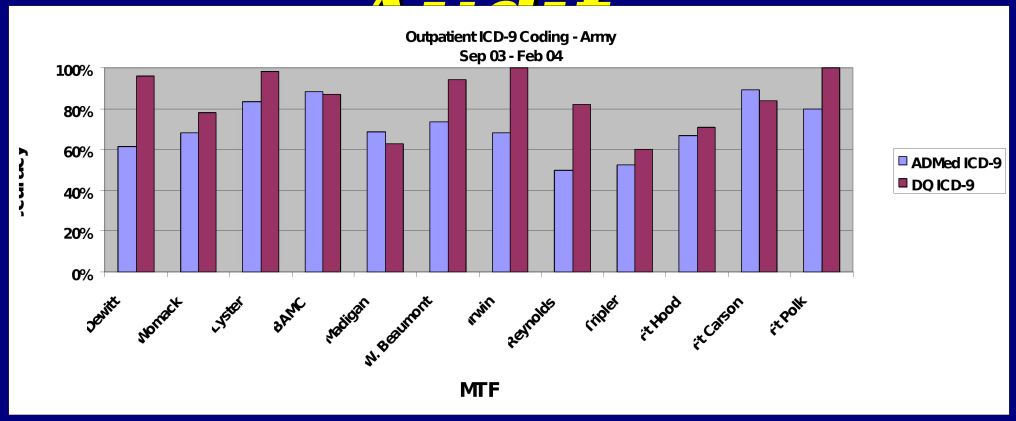


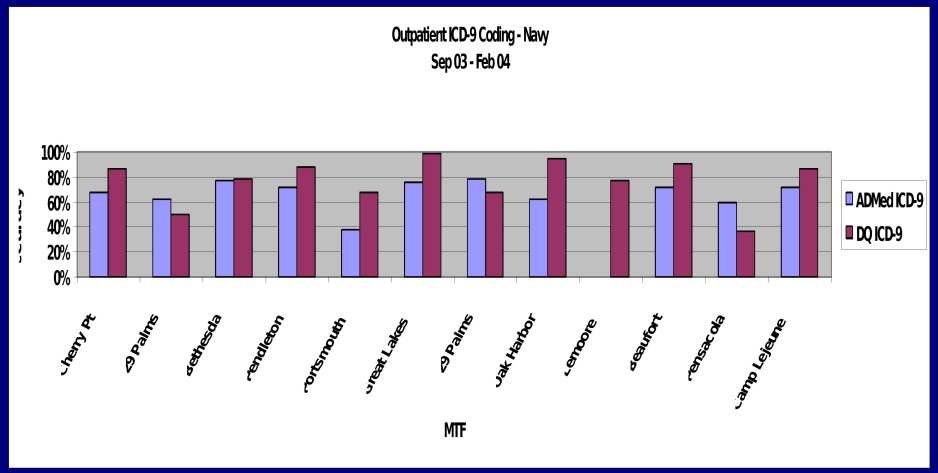


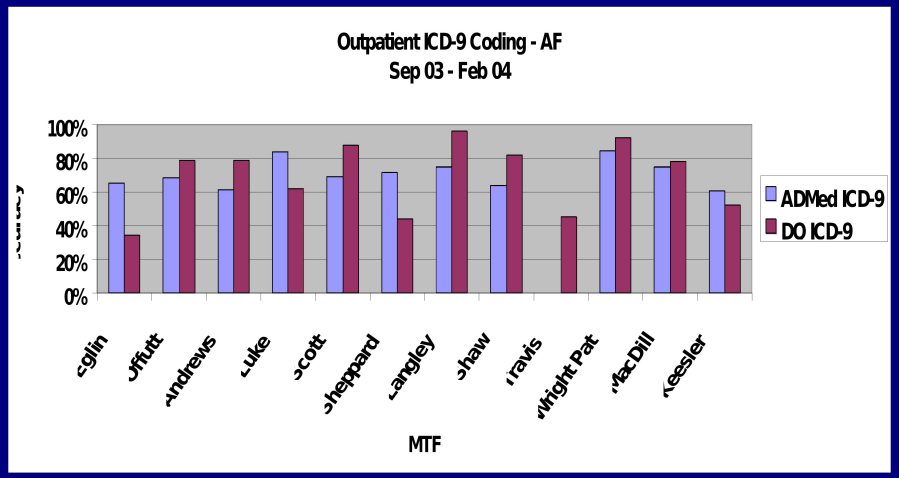


MHS DQ Management Control Program :

MTF Reported vs Advance Med Audit







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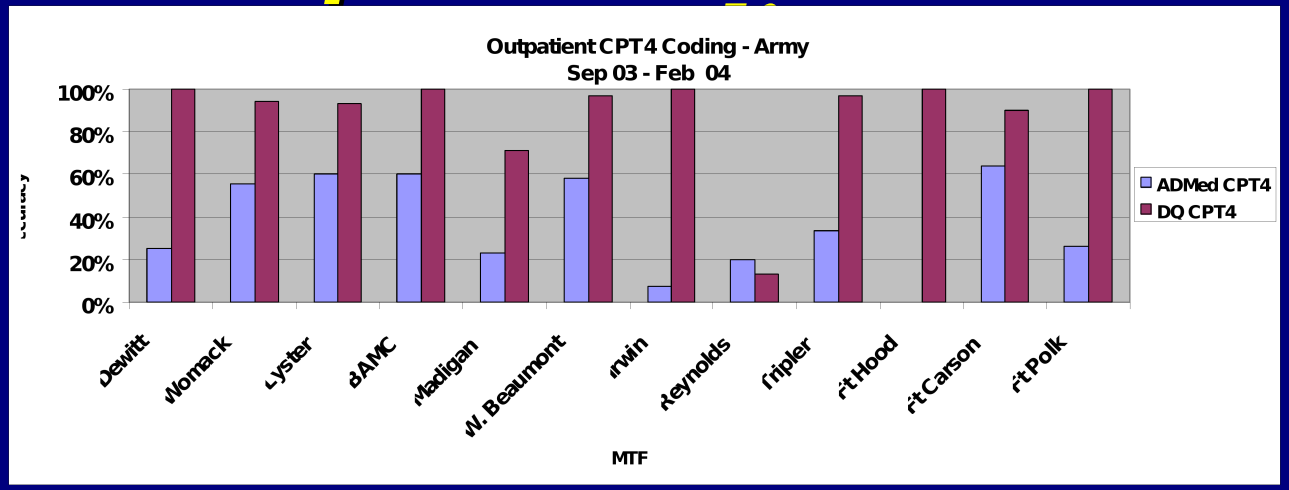

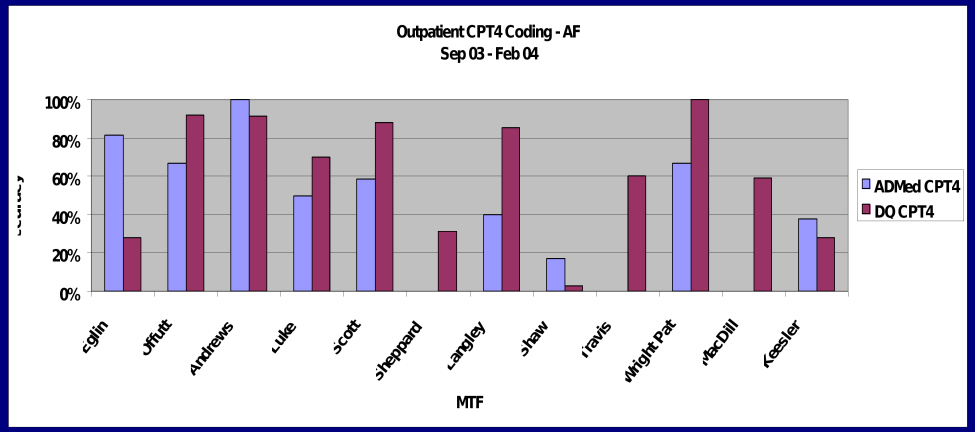

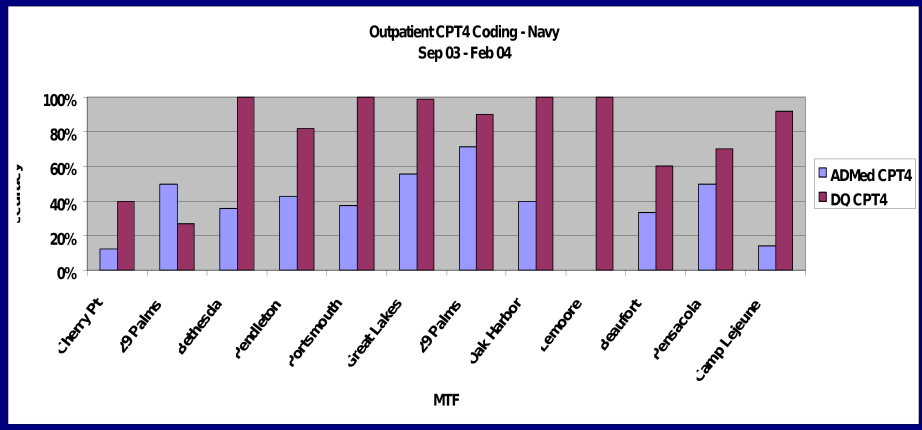

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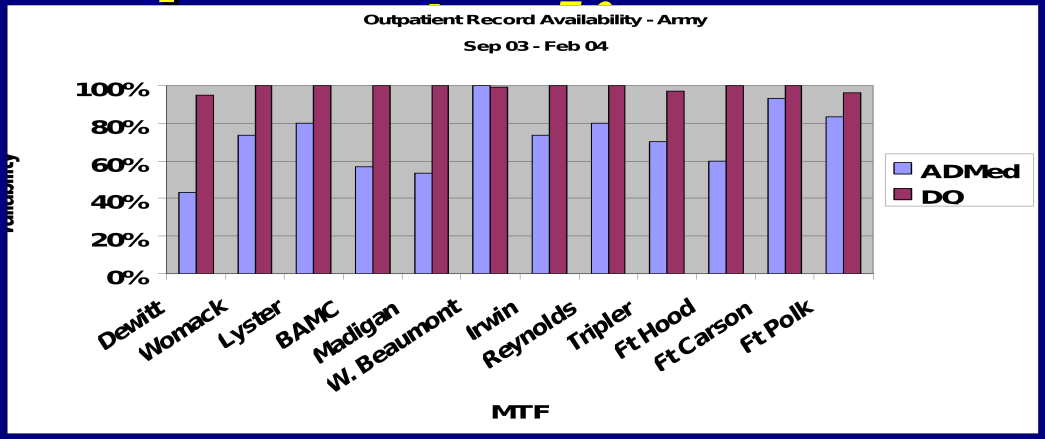
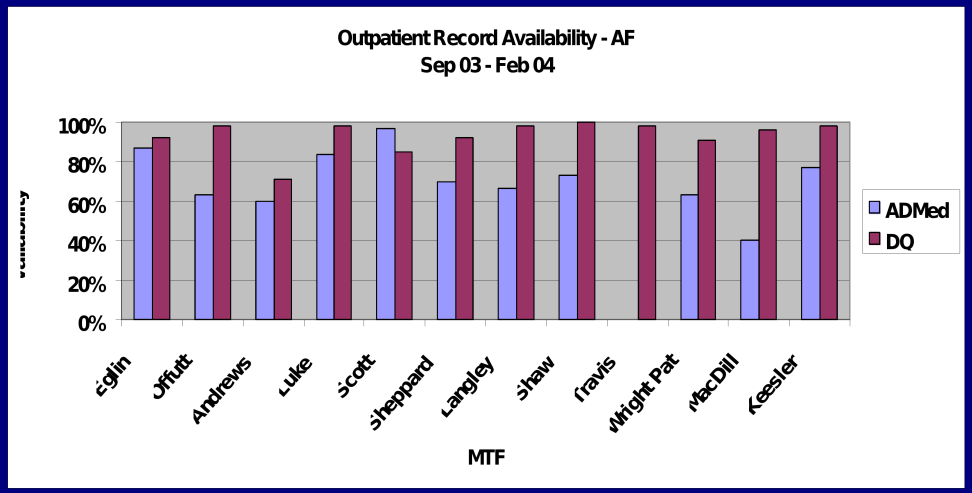
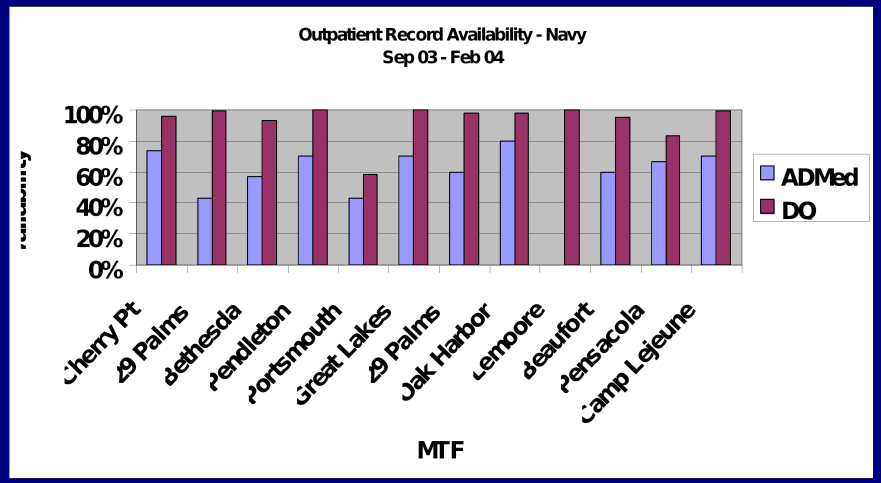
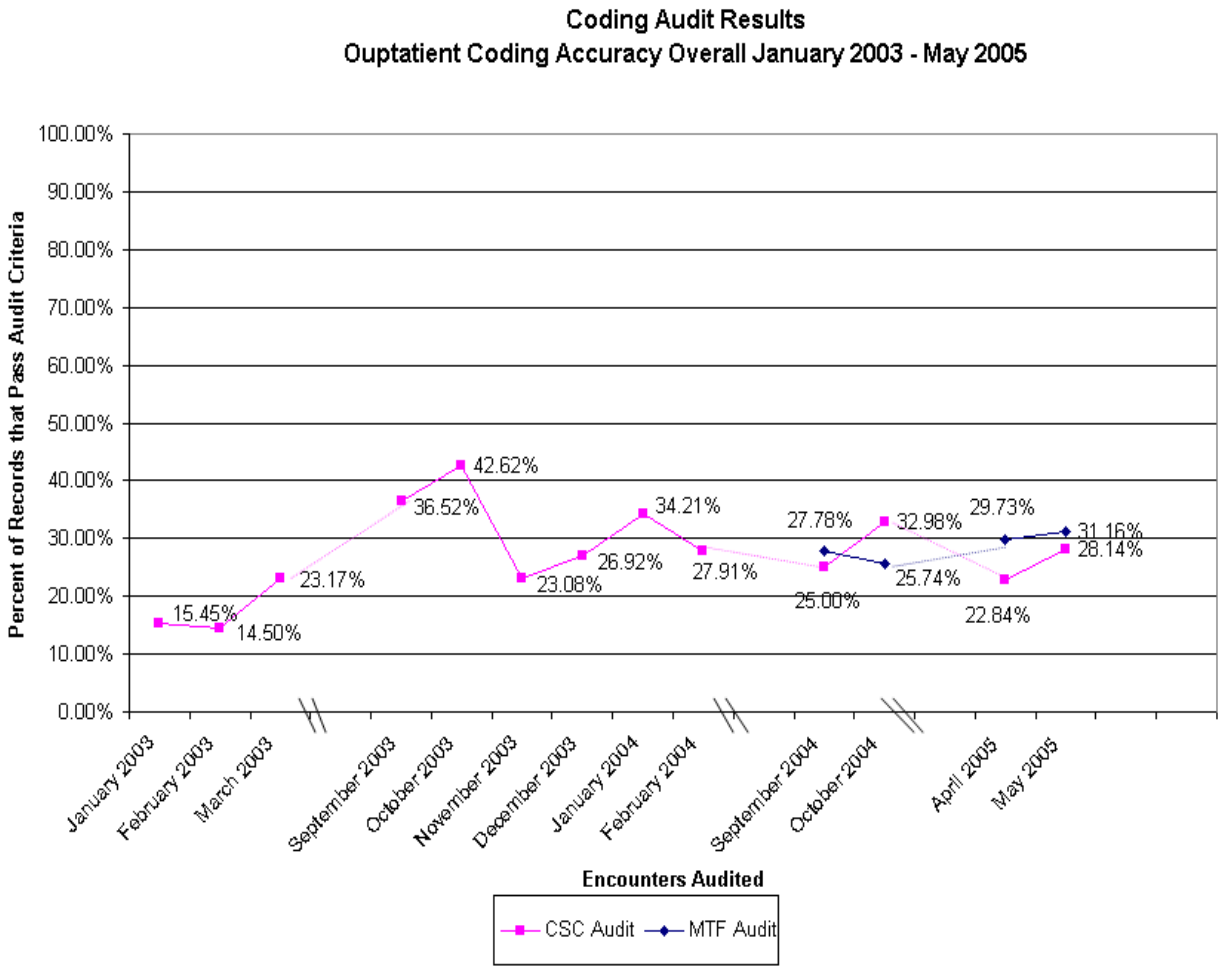






MHS DQ Management Control Program :

External Targeted Audit



MHS DQ Management Control Program

- DoD Directive and Instructions, Medical Records ***Modalities/Plan***
  Custody and MTF Encounter Coding
  - One overarching DoDD—Signed 13 Apr 04
  - Two DoDIs—Signed 10 Jun 04

- Training (390 at DQ Course FY03 – YTD)
  - 580+ at FY03--YTD MEPRS Conf (Svc POCs)
  - Over 120 at Navy PAD Courses

- Annual Data Quality Commanders' Statement Update
  - DD Form 2569 Currency/Completion in CHCS
  - IBWA Completion/Coding Accuracy
  - Clarification of MEPRS Financial Reconciliation

MHS DQ Management Control Program

Benefits

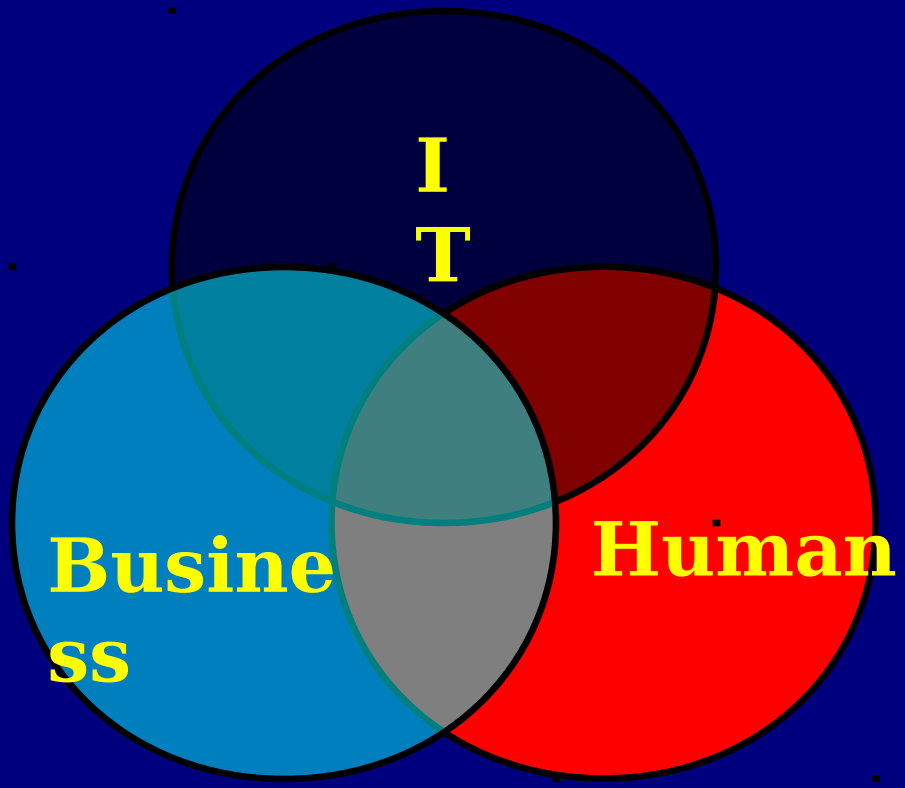
- **Availability of records provide the communications link between providers; continuity of care.**

- **Record/coding provides evidence of treatment, supports budget, reimbursement, billing.**

- **Record/coding supports training and education.**

- **Record/coding facilitates quality assurance processes.**

An Ongoing Challenge



MHS DQ Management Control Program

How Can You Help

- Brief medical staff on command data.
  - Executive Steering Comm
  - Department and Division
- Develop Dashboards.
- Provide feedback to staff.
- Be well-read/knowledgeable in data quality.
  - Reporting
  - Analysis

MHS DQ Management Control Program

Service Data Quality Managers

Army -

Mr. Tim Bacon
Telephone: *(210) 295-8725* DSN 421
joseph.t.bacon@us.army.mil

Navy -

Ms. Jane Cunningham
Telephone: (202) 762-0551 DSN 762
jmcunningham@us.med.navy.mil

USAF -

TSgt Jody Callender
Telephone: (703) 681-6356 DSN 761
jody.callender@pentagon.af.mil

http://tricare.osd.mil/rm/fa_dq.cfm

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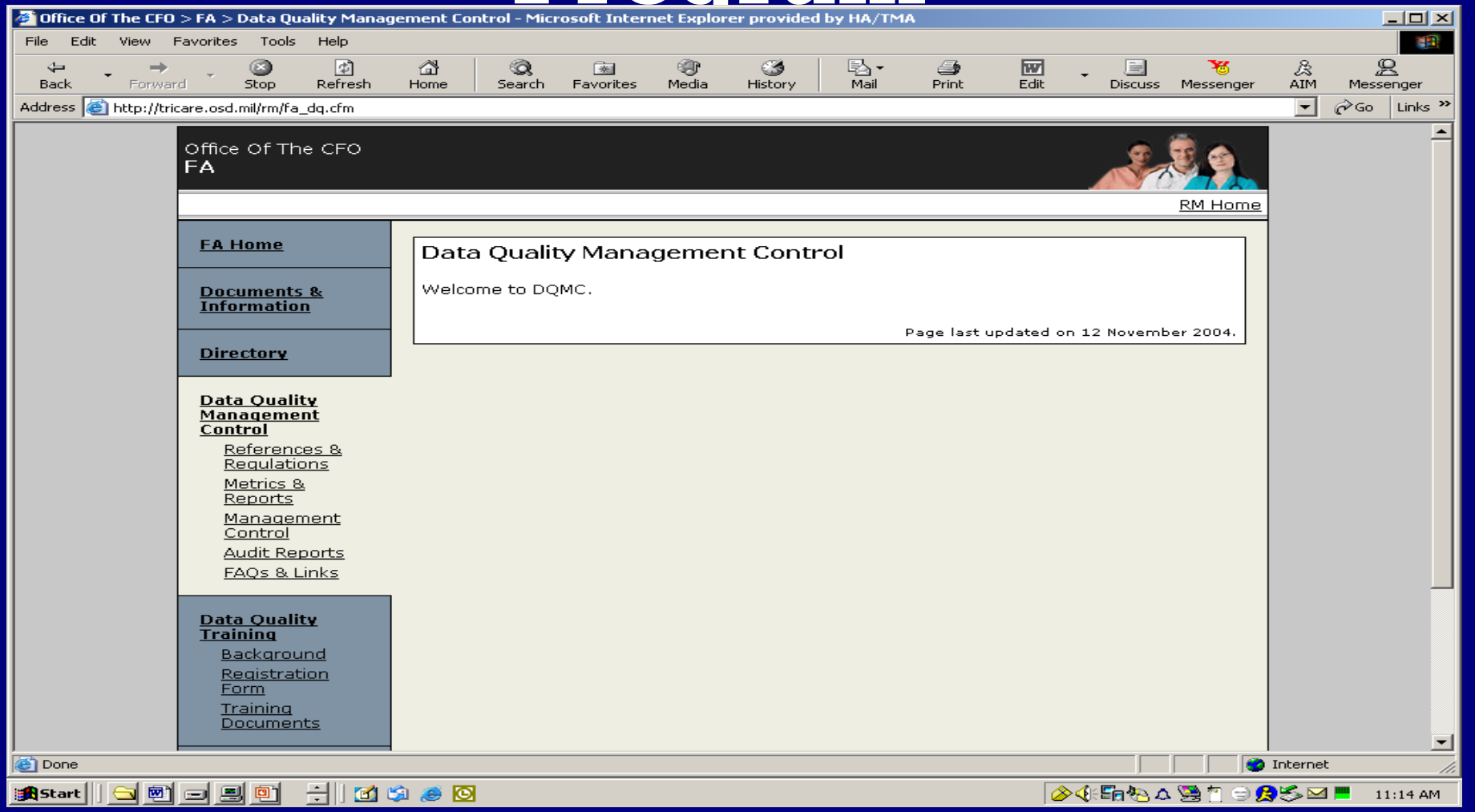

Questions?